

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

04-23

2. STATE

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

November 1, 2004

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.170

7. FEDERAL BUDGET IMPACT:

a. FFY **2005**

\$239.59**

b. FFY **2006**

\$0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 24.a., Pages 2, 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (*If Applicable*):

Same (TN 03-29)

Same (TN 03-34)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to increase the reimbursement fees for non-emergency medical transportation (NEMT) services for profit and non-profit NEMT providers.**

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

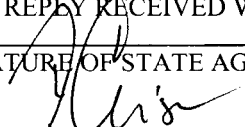
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Frederick P. Cerise, M.D., M.P.H.

14. TITLE:

Secretary

15. DATE SUBMITTED:

November 15, 2004

16. RETURN TO:

**State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
PO Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

6 DECEMBER 2004

18. DATE APPROVED:

15 FEBRUARY 2005

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 NOVEMBER 2004

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

****The federal budget impact reflects that this proposed reimbursement increase is only for the period from November 1, 2004 through January 31, 2005.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Attachment 4.19-B
Item 24.a. Page 2

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR
440.170

Medical and
Remedial Care
and Services
Item 24.a
(cont'd.)

03-29

B. Non-Emergency Medical Transportation

1. Capitated Payment

Payment for non-emergency transportation to regular, predictable, and continuing medical services, such as hemodialysis, chemotherapy, or rehabilitation therapy is a monthly capitated payment based on number of trips and distance traveled.

2. Per-Trip Payment

a. Profit Providers

Providers are reimbursed \$15 for round trips up to 65 miles. For each 30 mile increment over 65 miles, the rate is increased by \$7.50 per increment. This rate was adopted statewide from the contracted rate paid under the freedom of choice waiver which was operated in the New Orleans region for 6 years. Using this methodology, a fee schedule was adopted which provides for flat fees for predetermined, frequently traveled routes. When transportation is requested for routes crossing parish lines and no in-parish provider is available, the rate is calculated by determining the flat rate for round trip mileage and increasing the flat rate by 20 percent.

Effective for dates of services on or after August 1, 2003, the following designated procedures will be increased by 20 percent of the rate in effect on July 31, 2003.

Profit - Local Trip
Capitated Regular - Urban
Capitated Regular - Rural
Enhanced Capitated - >5 Trips per Week
Capitated Remote - Rural
Capitated Wheelchair - Rural
Capitated Wheelchair - Urban
Local Profit - Wheelchair

Effective for dates of services November 1, 2004 through January 31, 2005, the reimbursement for non-emergency medical transportation services is increased by 15 percent of the rates in effect on October 31, 2004.

STATE	LOUISIANA
DATE REC'D	12-6-04
DATE APP'D	2-15-05
DATE EFF	11-1-04
HOFA 179	04-23

TN# 04-23

Approval Date 2-15-05

Effective Date 11-1-04

Supersedes

TN# 03-29

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Attachment 4.19-B
Item 24.a. Page 3

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR
440.170

Medical and
Remedial Care
and Services
Item 24.a
(cont'd.)

For dates of service on or after February 1, 2005, non-emergency medical transportation services will be reimbursed at rates in effect on October 31, 2004.

b. **Family and Friend Providers**

Effective on September 12, 2003, non-emergency medical transportation provided by friends and family will be reimbursed at one half of the for profit rate in effect July 31, 2003.

c. **Non-Profit Providers**

For round trips up to 65 miles, providers are reimbursed at the for-profit rate reduced by \$3. For each 30 mile increment over 65 miles, the rate is increased by \$7.50 per increment.

Effective for dates of services on or after August 1, 2003, Local Nonprofit – Wheelchair and Nonprofit – Local Trip will be increased by 20 percent of the rate in effect on July 31, 2003.

Effective for dates of services November 1, 2004 through January 31, 2005, the reimbursement for non-emergency medical transportation services is increased by 15 percent of the rates in effect on October 31, 2004.

For dates of service on or after February 1, 2005, non-emergency medical transportation services will be reimbursed at rates in effect on October 31, 2004.

d. **Aircraft and Buses**

Medically necessary non-emergency transportation provided by commercial aircraft and buses are reimbursed at their usual and customary rate, subject to maximum limitations based on historical costs for such trips.

e. **Ambulances**

Medically necessary non-emergency ambulance transportation services are reimbursed at rates negotiated between participating providers and the Bureau of Health Services Financing minus the amount which any third party would pay for that provider.

03-34

STATE	Louisiana
DATE REC'D	12-6-04
DATE APP'D	2-15-05
DATE EFF	11-1-04
HCFA 179	04-23

IN# 04-23

Approval Date 2-15-05

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IN# 03-37